



REVOCATION AND SUBSTITUTION OF AGENT FORM FOR ASSESSMENT APPEAL(S)

APPLICANT INFORMATION

Applicant Name: _____	City/State: _____	Zip: _____
Mailing Address: _____	Fax: _____	
Contact Phone: _____		

REVOCATION OF AGENT AUTHORIZATION

I hereby revoke and terminate authorization for the following agent/agency to act on my behalf in all matters relative to assessment appeals regarding the property listed below. This revocation is effective on the signature date below unless otherwise indicated.

Agent or Attorney Name: _____	
Company Name (if applicable): _____	
Real Property Only – APN: _____	Assessment Year: _____
Personal Property Only – APN: _____	Assessment Year: _____

AUTHORIZATION FOR SUBSTITUTION OF AGENT

I hereby substitute and authorize the person/agency named below to act as my agent in all matters relative to assessment appeals. This authorization includes appearances at Assessment Appeals Board hearings. The agent/agency listed may also inspect the Assessor's records, enter into stipulations, and otherwise settle issues relating to the property listed below. This agent authorization substitution is effective on the signature date below unless otherwise indicated.

Agent or Attorney Name: _____	City/State: _____	Zip: _____
Company Name (if applicable): _____	Fax: _____	
Mailing Address: _____		
Contact Phone: _____		
Email Address: _____		
Real Property Only – APN: _____	Assessment Year: _____	
Personal Property Only – APN: _____	Assessment Year: _____	

APPLICANT CERTIFICATION

_____ Applicant Signature	_____ Signature Date
_____ Title (Owner, Partner, Officer)	_____ Company (If Applicable)